MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05945

CERTIFICATE OF DEATH

Reg. Dist. No. 234

1. PLACE OF DEATH:

County: Prince Georges

City or town: 5800 Temple Hill Road, Washington 20 DC

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 years

Hospital, institution, or street address where death occurred: 5800 Temple Hill Road Washington 20 DC

How long in hospital or institution? at Home

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Pr Georges Co

City or town: Temple Hill Rd - near Addletown MD

(If outside city or town limits, write RURAL and give nearest town)

Street No.: 5800 Temple Hill Rd. Washington 20 DC

(If rural, give LOCATION)

2.(a) If veteran, name war: —

3. (a) FULL NAME: Tyson Pittard Allen.

3. (b) Social Security Number: —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Single

6.(b) Name of husband or wife: —

6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): Nov 1 1900

8. AGE: Years: 48 | Months: | Days: | If less than one day: hrs. min.

9. Birthplace: Halifax Co. Virginia (Town, county, and state)

10. Usual occupation: none

11. Industry or business: none

FATHER

12. Name: John Richard Allen

13. Birthplace: Halifax Co. Virginia

MOTHER

14. Maiden name: Sally Pittard

15. Birthplace: Edgecombe Co. Carolina

16. Informant: Howard Adella Allen, Sister

Address: 5800 Temple Hills Rd DC 20

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 6 - 1949 (month) (day) (year)

Cemetery or crematory: Cedar Hill Cemetery

Location: Suitland, Maryland

18. Funeral director: Simmons Bros

Address: 2007 Nicholson St. NE

19. June 4 1949 (Date rec'd by registrar) Howard P Bruce Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 4 · 1949, at 6 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from August 1 1945, to June 4 1949

and that I last saw h... alive on June 2 1949

Immediate cause of death	DURATION
a Respiratory Paralysis	1 hour
Due to: Paralysis Agitans	30 yrs
Due to: unknown	
Other conditions: —	

250

8K

(Include pregnancy within 3 months of death)

Major findings of operation: —

Date of op.

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Not Natural Cause Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Paul C Van Natta M. D.

Address: 5440 Silver Hill Rd Washington 19 DC Date signed: June 4 1949

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 0 1949
BUREAU V. S.

Evidance for change of age and birth date is on:
FILM No. G 120 JUN 22 1949
FILM No. G 121 JUL 22 1949 (over)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05946

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH: COUNTY Pr. George Co. Laurel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel, Md. LENGTH OF STAY (in this place) 1 yr. 2 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Warren Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Beltsville COUNTY Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beltsville Md
STREET ADDRESS (If rural, give location) Montgomery Rd.

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) William (Last) ARMIGER

4. DATE OF DEATH (Month) June (Day) 12 (Year) 1949

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Oct 16. 1858
9. AGE last birthday 91 ~~92~~ yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer
10b. KIND OF BUSINESS OR INDUSTRY own farm
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME William Armiger
14. MOTHER'S MAIDEN NAME Mary (unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) no
16. SOCIAL SECURITY NO. no
17. INFORMANT Walter Armiger.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Senility

442 Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Arteriosclerotic cardiorenal disease (7/21/49 - a.s.) — 10 y.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to 6/12, 1949, that I last saw the deceased alive on 6/12, 1949, and that death occurred at 4:15 A m., from the causes and on the date stated above.

SIGNATURE William R Bungf (Degree or title) M.D. ADDRESS 305 P. George St. Laurel. Md DATE SIGNED 6/12/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 6/14/49
NAME OF CEMETERY OR CREMATORY St Johns -
LOCATION (City, town, or county) Beltsville Md (State)

DATE REC'D BY LOCAL REG. 6/14/49
REGISTRAR'S SIGNATURE Amanda Downey M. Brashears
24. FUNERAL DIRECTOR F. Gasch Sons: Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Evidence for addition of #18c shown on Film No. G 121 Jul 22, 1949

RECEIVED
JUN 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05947

CERTIFICATE OF DEATH

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Prince George's — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (Rural) — LENGTH OF STAY (in this place): 7 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D. C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 2422- 17th St. N. W.

3. NAME OF DECEASED (Type or Print): (First) BOOKER (Middle) T (Last) BANNERMAN

4. DATE OF DEATH: (Month) June (Day) 4 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: February 22, 1913

9. AGE last birthday: 36 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stockman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rocky Point, Wyoming

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Eddie Bannerman

14. MOTHER'S MAIDEN NAME: Minnie Marshburn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 579-08-3388

17. INFORMANT: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Leptospirosis Ictohemorrhagica — 10 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Miliary Tuberculosis — 7 months

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

019.2
220

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 3, 1949, to June 4, 1949, that I last saw the deceased alive on June 4, 1949, and that death occurred at 6 a.m. p.m., from the causes and on the date stated above.

SIGNATURE: Daniel Leo Finucane — (Degree or title) M.D. — ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Maryland — DATE SIGNED: June 6, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): — DATE: June 6, 1949 — NAME OF CEMETERY OR CREMATORY: — LOCATION (City, town, or county) (State): to Washington, D.C

DATE REC'D BY LOCAL REG.: June 6, 1949 — REGISTRAR'S SIGNATURE: Rowland L. Phillips

24. FUNERAL DIRECTOR: C. Ernest Jarvis — ADDRESS: 1432 You St N.W Wash, D.C.

RECEIVED
JUN 14 1949
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

P5948

Reg. Dist. No. 345

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HYATTSVILLE; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 5003 - 56 AVE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY PRINCE GEORGES; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HYATTSVILLE; STREET ADDRESS (If rural, give location) 5003 - 56 AVE

3. NAME OF DECEASED (Type or Print): (First) ELIZABETH (Middle) (Last) BARHYDT

4. DATE OF DEATH: (Month) June (Day) 24 (Year) 19 49

5. SEX: F

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: 3/5/1867

9. AGE last birthday: 82 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Alonzo Barhydt

14. MOTHER'S MAIDEN NAME: Harriet Crouch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: No —

17. INFORMANT: Mr George Zerk (son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) ARTERIOSCLEROTIC HEART DISEASE	5 yrs
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Gasto - INTESTINAL MALIGNANCY	1 yr
	(c) Generalized Arteriosclerosis	

159 46mm

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1948, to June, 1949, that I last saw the deceased alive on MAY 15, 1949, and that death occurred at 4 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Benjamin S. Miller ADDRESS: 3604 - 34th St Mt Rainier Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): transportation DATE: 6/25/49 NAME OF CEMETERY OR CREMATORY: Schenectady N.Y. LOCATION (City, town, or county) (State): Schenectady N.Y.

DATE REC'D BY LOCAL REG.: June 24 1949 REGISTRAR'S SIGNATURE: James Seery

24. FUNERAL DIRECTOR: F. Gasche sons Hyattsville Md ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JUN 25 1949
BUREAU F. S.

05949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville — LENGTH OF STAY (in this place) 1 year	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —	STREET ADDRESS (If rural give location) 6120-43 street

3. NAME OF DECEASED (Type or Print) (First) ROSCOE (Middle) CARTER (Last) BARTLETT, Sr — 4. DATE OF DEATH (Month) June (Day) 3 (Year) 1949

5. SEX Male — 6. COLOR OR RACE White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married — 8. DATE OF BIRTH May 20, 1877 — 9. AGE last birthday 72 yrs. — If under 1 year Months Days — If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired - Merchant — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country) Kentucky — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George L. R. Bartlett — 14. MOTHER'S MAIDEN NAME unknown Mary Hackley.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no. — 16. SOCIAL SECURITY NO. — 17. INFORMANT Roscoe Carter Bartlett

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 10 min

443 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive heart disease — 12 yrs

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-11, 1945, to 6-3-, 1949, that I last saw the deceased alive on 6-3, 1949, and that death occurred at 5:22 A m., from the causes and on the date stated above.

SIGNATURE John P. Clum (Degree or title) M.D. — ADDRESS Hyattsville Md. — DATE SIGNED 6-3-49

23. BURIAL, CREMATION REMOVAL (Specify) Transportation — DATE THEREOF 6/3/49 — NAME OF CEMETERY OR CREMATORY Versailles — LOCATION (City, town, or county) Versailles (State) Ky

DATE REC'D BY LOCAL REG. June 3, 1949 — REGISTRAR'S SIGNATURE James Sevay — 24. FUNERAL DIRECTOR F. Gasch's Sons Hyattsville, Md. — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Be 05950

Reg. Dist. No. 230

1. PLACE OF DEATH: COUNTY Prince Georges Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Murkirk
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Blue Pond

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland ~~COUNTY~~ Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1108 Sarah Ann

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) Thomas (Last) Beauregard
4. DATE OF DEATH (Month) June (Day) 26 (Year) 1949
5. SEX male
6. COLOR OR RACE colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Aug. 12, 1926
9. AGE last birthday 22 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Baltimore City Laborer
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Harry Thomas Beauregard
14. MOTHER'S MAIDEN NAME Mable Brown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W. War II
16. SOCIAL SECURITY No.
17. INFORMANT Mable Brown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia due to drowning

927.8

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

183

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE) P.G.C.
TIME OF INJURY (Month) (Day) (Year) (Hour) June 26, 1949 5:48 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Drowned while swimming

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John T. Maloney, M.D. (Degree or title) Dep. Med. Exam. ADDRESS Cheverly, Hyattsville, Md DATE SIGNED 6-26-49

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) DATE THEREOF 30 June 1949 NAME OF CEMETERY OR CREMATORY Balto National LOCATION (City, town, or county) Balto 23 (State) Md

DATE REC'D BY LOCAL REG. 6/27/49 REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Mrs Katie R Williams ADDRESS 3224 Schroeder St

John D. Smith

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 30 1949
BUREAU V. S.

05951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH · COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural) LENGTH OF STAY (In this place) 4 mos., 13 da.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium	STREET ADDRESS (If rural, give location) 1171 Morse St. N. E.

3. NAME OF DECEASED (Type or Print)	(First) GLENNIS	(Middle) JR.	(Last) BLACKWELL	4. DATE OF DEATH	(Month) 6	(Day) 1	(Year) 1949
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH May 3, 1931	9. AGE last birthday 18 yrs.	If under 1 year Months. Days	If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Washington, D. C.	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME Glennis Blackwell	14. MOTHER'S MAIDEN NAME Ruth Poe						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Decedent					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) pulmonary tuberculosis	7 mos.
002 Antecedent cause(s)		
132 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/19, 1949, to 6/1, 1949, that I last saw the deceased alive on 5/31, 1949, and that death occurred at 5 a. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Daniel Leo Finucane	M.D.	Glenn Dale Sanatorium Glenn Dale, Maryland	6/1/49

23. BURIAL, CREMATION REMOVAL (Specify) Removal	DATE 6/1/49	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State) to Washington, D.C.
DATE REC'D BY LOCAL REG. 6/1/49	REGISTRAR'S SIGNATURE Rowland S. Philips	24. FUNERAL DIRECTOR Wilmer Jarvis Co.	ADDRESS 1432 - Youth St N.W.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05952

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Prince George — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Edmonston
LENGTH OF STAY (In this place): 70 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Edmonston
STREET ADDRESS (If rural give location): 5706 Cuttlendon St

3. NAME OF DECEASED (Type or Print): (First) Jennie (Middle) Emily (Last) Bost.

4. DATE OF DEATH: (Month) June (Day) 24 (Year) 1949

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: July 13, 1873 | 9. AGE last birthday: 76 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): North Carolina | 12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Adolph Miller | 14. MOTHER'S MAIDEN NAME: Katherine Bost

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Mr Adolph Bost

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

181 Immediate cause (a) Cancer of Bladder Metastasis

52b Antecedent cause (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: ? 6/24/49

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1948, to June 24, 1949, that I last saw the deceased alive on 6/24, 1949, and that death occurred at 9 10 p m., from the causes and on the date stated above.

SIGNATURE: Geo. J. Hageage | (Degree or title): M D | ADDRESS: 3717 - 38th Ave College City Md | DATE SIGNED: 6/24/49

23. BURIAL, CREMATION, REMOVAL (Specify): Transmitter | DATE THEREOF: 6/25/49 | NAME OF CEMETERY OR CREMATORY: Greenlawn | LOCATION (City, town, or county): Silver Spring | (State): Md

DATE REC'D BY LOCAL REG.: June 25 1949 | REGISTRAR'S SIGNATURE: James Seavey | 24. FUNERAL DIRECTOR: F. Grachinsons Hyattsville | ADDRESS: Md

RECEIVED
JUN 25 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05953

Reg. Dist. No. 231

1. PLACE OF DEATH · COUNTY: Prince Georges — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: B. & O. R.R. Tracks

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Michigan — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Detroit
STREET ADDRESS (If rural, give location): 2330 E. Willow St.

3. NAME OF DECEASED (Type or Print): (First) Maurice (Middle) (Last) Bradley

4. DATE OF DEATH: (Month) June (Day) 26 (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday yrs.	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
M	W.	M.	Unknown					

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: F.B.I. Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage & shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Multiple fractures & lacerations of body.

(c)

979
164 g

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: R.R. Tracks
(CITY OR TOWN) (COUNTY) (STATE): Mount Rainier - Pr. Georges Md
TIME OF INJURY (Month) (Day) (Year) (Hour): June 26, 1949 ? m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY occur? Stood in front of train and waited for engine to strike him

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John J. Maloney, M.D. Dep. Med. Examiner - Church - Hyattsville Md - 7-1-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 7/2/49
NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery
LOCATION (City, town, or county) (State): Bladensburg Md

DATE REC'D BY LOCAL REG.: July 2/49
REGISTRAR'S SIGNATURE: Amanda Downey
24. FUNERAL DIRECTOR: F. Gaschi's Sons
ADDRESS: Hyatts Md.

VS. A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05954

Reg. Dist. No. 2465

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Arden — LENGTH OF STAY (In this place) 20 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2nd & Lincoln

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Arden
STREET ADDRESS (If rural, give location) 2nd & Lincoln

3. NAME OF DECEASED (Type or Print): (First) Arthur (Middle) (Last) Brown

4. DATE OF DEATH: (Month) June (Day) 5 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 8, 1897

9. AGE last birthday: 51 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Brown

14. MOTHER'S MAIDEN NAME: Ida Parker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): WWI

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mary Francis Brown - Wife -

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage & shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Rupture of aortic aneurism

451
30d

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John J Maloney M.D Deputy Medical Examiner Cheverly Hyattsville, Md 6-5-49

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: 6-5-49 — NAME OF CEMETERY OR CREMATORY: Carver Funeral Home — LOCATION (City, town, or county): 2415 Rhode Island Ave — (State): Washington DC

DATE REC'D BY LOCAL REG.: June 5 1949 — REGISTRAR'S SIGNATURE: James Leary

24. FUNERAL DIRECTOR: E. Gasche & Sons — ADDRESS: Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 7 1949
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

65956

CERTIFICATE OF DEATH

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park — LENGTH OF STAY (in this place) 7 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7510 Columbia Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
STREET ADDRESS (If rural, give location) 7510 Columbia Ave.

3. NAME OF DECEASED (Type or Print): (First) ELMER (Middle) WILLIAM (Last) BURROUGHS

4. DATE OF DEATH: (Month) June (Day) 5 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec 12 1890

9. AGE last birthday: 58 yrs. — If under 1 year: Months 5, Days 23 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Montgomery Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm Albert Burroughs

14. MOTHER'S MAIDEN NAME: Alice Baker.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO — (If year, give war or dates of service)

16. SOCIAL SECURITY No. 579-01-0236

17. INFORMANT: Mrs. Evelyn Grey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive heart failure — Interval between onset and death: 1 week

Antecedent cause(s) 422.2 — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d (b) Chronic myocarditis — 3 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1946, to June, 1949, that I last saw the deceased alive on June 5, 1949, and that death occurred at 12.07 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Louis Mendel M.D. College Park Md 6/6/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: June 8, 1949 — NAME OF CEMETERY OR CREMATORY: Rockville Mem. Cem. — LOCATION (City, town, or county) Rockville, (State) Md.

DATE REC'D BY LOCAL REG. June 6 1949 — REGISTRAR'S SIGNATURE James Devey

24. FUNERAL DIRECTOR: Robert A. Pumphrey — ADDRESS Bethesda Md.

RECEIVED
JUN 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05955

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Prince George Gen'l MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen'l

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE COUNTY PGco.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier
STREET ADDRESS (If rural, give location) 2-A

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) Michael (Last) Butler
Baby Boy

4. DATE OF DEATH (Month) June (Day) 24 (Year) 1949

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Baby

8. DATE OF BIRTH June 23, 1949

9. AGE last birthday — yrs. If under 1 year Months — Days — If under 24 hrs. Hours 2 Min. 44

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME James B. Butler

14. MOTHER'S MAIDEN NAME Claudia Farsion

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) PREMATURITY

776 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

159 (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Yeer) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

David S. Clayman MD 6311 Balto. Ave, Riverdale 6/24/49

23. BURIAL, CREMATION REMOVAL (Specify) Cremation

DATE THEREOF 6/28/49

NAME OF CEMETERY OR CREMATORY Prince George's General Hospital

LOCATION (City, town, or county) (State) Cheverly Md

DATE REC'D BY LOCAL REG. 6/29/49

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR A. R. Braly, Supt. ADDRESS Cheverly Md

VS. A15

RECEIVED
JUN 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05957

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 239

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel | LENGTH OF STAY (in this place) 35 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 518 9th St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland | COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location) 518 9th St

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) CORNELOUS (Last) CARROLL

4. DATE OF DEATH: (Month) June (Day) 13 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug 12, 1876

9. AGE last birthday: 72 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): B & O Railroad

10b. KIND OF BUSINESS OR INDUSTRY: Track Hand

11. BIRTHPLACE (State or foreign country): Howard Co. Near Savage Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Carroll

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If year, give war or dates of service)

16. SOCIAL SECURITY No.: 706-12-3545

17. INFORMANT: James Carroll.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute heart failure (Dead on arrival)	15 min
410 Antecedent cause(s)		
926 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive heart disease.	1 year?
	(c) Mitral insufficiency	12 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. (Information obtained from his family physician W. H. B. Stewart, Laurel Md.)

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) Laurel | (COUNTY) P. George | (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from never, 19..., to ..., 19..., that I last saw the deceased alive on never, 19..., and that death occurred at 9:20 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
William R. Bruce, M.D. | 305 P. George St. Laurel. Md. | 6/13/49

23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State)
Burial | June 16, 1949 | Asbury Cemetery | Near Savage | Md

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS
June 16-49 | M. Brashears | Ridgley & Selby. | Laurel Md

RECEIVED
JUN 18 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 239

Pc 15958

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: PRINCE GEORGES MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: LAUREL
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: WARRENS Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: MARYLAND COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BALTIMORE CITY
STREET ADDRESS (If rural, give location): 1709 E FAIRMOUNT AVE

3. NAME OF DECEASED (Type or Print): (First) MAX (Middle) (N) (Last) COHEN

4. DATE OF DEATH: (Month) JUNE (Day) 29 (Year) 1949

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 4-18-1894

9. AGE last birthday: 55 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: BUTCHER

11. BIRTHPLACE (State or foreign country): LATVIA

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):

16. SOCIAL SECURITY NO.: 226-14-6592

17. INFORMANT: MRS. LILLIAN COHEN.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442 Immediate cause (a) Acute congestive heart failure — Interval between onset and death:

1310 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 8:35 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): John D. Maloney M.D. Dep. Med Exam.

ADDRESS: Chevely Hyattsville, Md

DATE SIGNED: 6-29-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 6/30/49

NAME OF CEMETERY OR CREMATORY: Mt Carmel Cem.

LOCATION (City, town, or county) (State): 6820 German Hill Rd. Balto. Md

DATE REC'D BY LOCAL REG.: June 30-49

REGISTRAR'S SIGNATURE: M. Brookhears

24. FUNERAL DIRECTOR: Jack Lewis

ADDRESS: 2100 Eutaw St. Balt. Md

RECEIVED
JUL 2 1949.
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05959

Reg. Dist. No. 234

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County P.G. Geo's Co

City or town Coral Hills

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State County

City or town Washington, D.C.

(If outside city or town limits, write RURAL and give nearest town)

Street No. 1725 - Minn Ave S.E

(If rural, give LOCATION)

2.(a) If veteran, name war ✓

3.(a) FULL NAME Helen V. Conner

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife Robert Lee Conner

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 6th 1877

8. AGE: Years 72 Months Days If less than one day hrs. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business Domestic

FATHER 12. Name Steven Taylor

13. Birthplace Maryland

MOTHER 14. Maiden name unknown

15. Birthplace "

18. Informant Mrs Florence L. Fessinger

Address 5300 - 9 St. S.E Coral Hills Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 30 - 49 (month) (day) (year)

Cemetery or crematory Cedar Hill Cemetery

Location Suitland Maryland

18. Funeral director Simms Bros.

Address 2007 Nichols Ave S.E. D.C.

19. June 28 1949 (Date rec'd by registrar) Howard I Beasley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1949 at 12:15 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Jan. 12 1949 to June 28 1949

and that I last saw h.er alive on June 25 1949

Immediate cause of death	DURATION
Carcinoma of Stomach	6-12 Mos
Due to —	
Due to —	
Other conditions —	

151 46b (Include pregnancy within 3 months of death)

Major findings of operations —

Date of op.

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE William C. Faucett M.D. M. D. or other

Address 1418 Ford Hope Rd SE Date signed 6/28/49

RECEIVED
JUL 8 1949
BUREAU U. S.

05960

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 234 ~~105~~

1. PLACE OF DEATH COUNTY Pr. George MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md. COUNTY Pr. George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Accokeek — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Accokeek
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Frederick (Middle) Thomas (Last) Coombs — 4. DATE OF DEATH (Month) June (Day) 4 (Year) 1949

5. SEX M — 6. COLOR OR RACE W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married — 8. DATE OF BIRTH 8/26/80 — 9. AGE last birthday 68 yrs. — If under 1 year Months. Days — If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country) St. Mary's Co. Md. — 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Benjamin I. Coombs — 14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) — 16. SOCIAL SECURITY No. — 17. INFORMANT Queenie Coombs (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Apoplexy

442 Antecedent cause(s) (b) due to Cardio-Vas. Renal-Hepatic — Years

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Dis c̄ Hypertension.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1944 to June, 1949 that I last saw the deceased alive on 6/4, 1949, and that death occurred at 8:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Geo. R. Wabay, M.D. — ADDRESS — DATE SIGNED 6/6/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE June 8-49 — NAME OF CEMETERY OR CREMATORY St Mary — LOCATION (City, town, or county) Piscataway Md (State)

DATE REC'D BY LOCAL REG. 6-8-49 — REGISTRAR'S SIGNATURE M. L. Monroe Mrs. Alton Davis — 24. FUNERAL DIRECTOR Hunt & Ryan — ADDRESS Waldorf

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

S A Moore
Piscataway

Where
Last Home

At Chapel

Shipped to

address

Notice on fogel

RECEIVED
JUL 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

05961

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Hill
LENGTH OF STAY (in this place) 12 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4124 Branch Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Hill
STREET ADDRESS (If rural, give location) 4124 Branch Ave

3. NAME OF DECEASED (Type or Print): (First) Ruth (Middle) Elizabeth (Last) Crooke
4. DATE OF DEATH: (Month) Jun (Day) 27 (Year) 1949
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: July 5, 1877
9. AGE last birthday: 72 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Phillip Nolley
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT: Bernard D. Crooke

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia

974 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Due to hanging

164a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home (CITY OR TOWN) Silver Hill (COUNTY) P.G. (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) June 27, 1949 A.m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Hanged self

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE: James T. Boyd (Degree or title) M.C. ADDRESS: Forestville Md DATE SIGNED: 6-27-49

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF: June 30, 1949
NAME OF CEMETERY ~~OR CREMATORY~~: Cedar Hill Cemetery
LOCATION (City, town, or county) (State): Suitland, Md.

DATE REC'D BY LOCAL REG.: June 29-49
REGISTRAR'S SIGNATURE: Carrie F. Campbell
24. FUNERAL DIRECTOR: W. W. CHAMBERS CO ADDRESS: 5171 11th St. S.E. Wash., D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 5 1949
BUREAU V. S.

05962

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly — LENGTH OF STAY (in this place): 23 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince Georges General

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Washington — COUNTY: Lic
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington D.C.
STREET ADDRESS (If rural, give location): 3509 Minnesota Ave S.E.

3. NAME OF DECEASED (Type or Print): (First) Audry (Middle) (Last) Danley
4. DATE OF DEATH: (Month) 6 (Day) 21 (Year) 1949
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb 11, 1893
9. AGE last birthday: 56 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Charles Luther Reed
14. MOTHER'S MAIDEN NAME: Nellie Phillips
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Carl Joseph Simonton (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive Heart Failure — 1 month

416 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Rheumatic Heart Disease — 2 years

93d (c) Pulmonary Embolus — 2 weeks

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis — 2 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1949, to June 21, 1949, that I last saw the deceased alive on June 21, 1949, and that death occurred at 1:30 P m., from the causes and on the date stated above.

SIGNATURE: Samuel J N Sugar (Degree or title) MD — ADDRESS: Mt Rainier, Md — DATE SIGNED: June 21, 49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 6/24/49 — NAME OF CEMETERY OR ~~CREMATORY~~: F Lincoln — LOCATION (City, town, or county): Colmar Manor (State) Md

DATE REC'D BY LOCAL REG.: 6/24/49 — REGISTRAR'S SIGNATURE: Amanda Downey — 24. FUNERAL DIRECTOR: F Gascha sons Hyattsville Md — ADDRESS

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

7

RECEIVED
JUN 27 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05963

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berwyn
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Town Hall Shopping Center

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural give location) Whiskey Bottom Road

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Pete (Last) Dill
4. DATE OF DEATH (Month) June (Day) 8 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan 8, 1890
9. AGE last birthday 58 yrs. If under 1 year Months — Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto-mechanic
10b. KIND OF BUSINESS OR INDUSTRY Automobile
11. BIRTHPLACE (State or foreign country) Poland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes - World War #1
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Margaret Dill

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage & shock

936.9 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crushed chest & lacerations of liver

186.6

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Unknown (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) Unknown m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? Unknown.

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 1:00 P.M. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John J. Maloney M.D. Deputy Medical Examiner - Hyattsville 6-8-49

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF June 13-49 NAME OF CEMETERY OR CREMATORY Balto Nat Cemetery LOCATION (City, town, or county) Balto Md (State)

DATE REC'D BY LOCAL REG. June 9-49 REGISTRAR'S SIGNATURE James Severy
24. FUNERAL DIRECTOR W. C. White Co. ADDRESS Laurel Md

RECEIVED
JUN 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05964

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH · COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural) — LENGTH OF STAY (in this place) 4 mos., 1 day	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium	STREET ADDRESS (If rural, give location) 4431 E. St. S. E.

3. NAME OF DECEASED (Type or Print)	(First) ALEASE	(Middle) M	(Last) EVANS	4. DATE OF DEATH	(Month) June (Day) 2nd (Year) 1949
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH July 18, 1916	9. AGE last birthday 32 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Eutaw, Alabama	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Eddie McAlpine	14. MOTHER'S MAIDEN NAME Emma Riley				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO. Lost	17. INFORMANT Decedent			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — 7 mos

Antecedent cause(s)

002 13b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/1, 1949, to 6/2, 1949, that I last saw the deceased alive on 6/2, 1949, and that death occurred at 9 15 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Daniel Lee Finiccane	M.D.	Glenn Dale Sanatorium Glenn Dale, Maryland	6/2/49

23. BURIAL CREMATION REMOVAL (Specify)	DATE 6/6/49	NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	LOCATION (City, town, or county) (State) Washington, D.C.
DATE REC'D BY LOCAL REG. June 3, 1949	REGISTRAR'S SIGNATURE Rowland S. Phillips	24. FUNERAL DIRECTOR Alexander S. Pope	ADDRESS 414-15th St., S.E.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
JUN 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05965

CERTIFICATE OF DEATH

Reg. Dist. No. 042

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Prince Geo's — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ardmore — LENGTH OF STAY (In this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY P. Geo. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ardmore — STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Warren (Middle) J. (Last) Ferguson

4. DATE OF DEATH: (Month) June (Day) 5 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W.

8. DATE OF BIRTH: Feb 4 1882

9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: P.E.Co

11. BIRTHPLACE (State or foreign country): D.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert Bruce Ferguson

14. MOTHER'S MAIDEN NAME: Alice Virginia Lighter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 577-05-0131

17. INFORMANT: Warren J. Ferguson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Insufficiency

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis

443 93d

(c) Hypertensive Heart Disease

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-15, 1947, to 6-5, 1949, that I last saw the deceased alive on 5-20, 1949, and that death occurred at 6:11 m., from the causes and on the date stated above.

SIGNATURE A. Dentz (Degree or title) M.D. ADDRESS Hyattsville, Md DATE SIGNED 6-5-49

23. ~~BURIAL~~, CREMATION, ~~REMOVAL~~ (Specify) — DATE THEREOF 6/5/49 — NAME OF CEMETERY OR CREMATORY Lee Crematory — LOCATION (City, town, or county) Wash D.C. (State)

DATE REC'D BY LOCAL REG. 6/5/49 — REGISTRAR'S SIGNATURE Amanda Downey Carrie Campbell

24. FUNERAL DIRECTOR Lee Funeral Home — ADDRESS Wash DC

RECEIVED
JUN 11 1949
BUREAU V. S.

05966

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colmar Manor
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3406 - 39th Place

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colmar Manor
STREET ADDRESS (If rural give location) 3406 - 39th Place

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) ELLEN (Last) FISHER
4. DATE OF DEATH (Month) 6 (Day) 15 (Year) 1941

5. SEX Female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 12/12/1863
9. AGE last birthday 85 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Pottstown Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME ?
14. MOTHER'S MAIDEN NAME Mary E. Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. R. E. Harris

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage

Antecedent cause(s)

442 (b) Arteriosclerotic Hem & Bidney disease

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Hypertension

INTERVAL BETWEEN ONSET AND DEATH 6/8/49

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/8, 1949, to 6/15, 1949, that I last saw the deceased alive on 6/15, 1949, and that death occurred at 3 p.m., from the causes and on the date stated above.

SIGNATURE George J Hageage (Degree or title) MD ADDRESS DATE SIGNED 6/16/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 6/18/49
NAME OF CEMETERY OR CREMATORY Laytonsville Cemetery
LOCATION (City, town, or county) Laytonsville, Montg (State) Md.

DATE REC'D BY LOCAL REG. June 17, 1949
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Wm. J. Nalley ADDRESS 3200 - R.I. Ave. Mt Rainier, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 18 1949
BUREAU U. S.

05967

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH COUNTY Prince George Fetchers Town MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie (rural) LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md COUNTY Pr. Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie, (rural)
STREET ADDRESS (If rural give location) R. F. D. Bowie

3. NAME OF DECEASED (Type or Print) (First) Elizabeth (Middle) A. (Last) Ford
4. DATE OF DEATH (Month) 6 (Day) 24 (Year) 1949
5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH about 1881
9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Bowie, Md (rural)
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Margaret Chittams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Thomas Winfield

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchopneumonia	4 days
170 Antecedent cause(s)	(b) Carcinoma of Rt. Breast c̄ Metastasis to Lungs	?
50 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Essential Hypertension ?

19a. DATE OF OPERATION Aug. 1946
19b. MAJOR FINDINGS OF OPERATION Radical Mastectomy of Rt. Breast Cancer of Breast
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 6, 1949, to June 24, 1949, that I last saw the deceased alive on June 24, 1949, and that death occurred at 7:50 P. m., from the causes and on the date stated above.

SIGNATURE T. Richard Conner, (Degree or title) M. D. ADDRESS Bowie, Md DATE SIGNED June 25, 1949

23. BURIAL, CREMATION REMOVAL (Specify) DATE 6-27-49 NAME OF CEMETERY OR CREMATORY As ceremony LOCATION (City, town, or county) Bowie Pr. Geo (State)

DATE REC'D BY LOCAL REG. 6-26-49 REGISTRAR'S SIGNATURE Agnes M. Yingling
24. FUNERAL DIRECTOR Martin Gladney Sons ADDRESS Bowie Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 29 1949
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05968

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince George — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN District Heights — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6816 Marlboro Pike

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN District Heights, Wash. 19, D.C.
STREET ADDRESS (If rural, give location) 6816 Marlboro Pike Md

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Sadie	Elva	Fowler	June	25	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	May 2, 1900	49 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Washington D.C.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Clarence Sansbury	Anna Summers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Harry E. Fowler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Decubitus Ulcers & Malnutrition	2 Mo.
Antecedent cause(s)	(b) Paralysis, complete, lower cervical down	4 Mo.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Intramedullary Ependymoma Cervical Spinal Cord.	4-5 yrs.

193
546

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
27 Jan. 1949	Laminectomy - Tumor of Spinal cord	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan, 1946, to 25 June, 1949, that I last saw the deceased alive on 25 June, 1949, and that death occurred at 1 05 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Sidney W. Lowery	M.D.	821 - Maryland Ave NE.	6/25/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 28 49	Epiphany Cemetery	Fayetteville Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 27. 49	Carrie F. Campbell	W.W. Chambers Co	517 11th SE

RECEIVED
JUN 30 1949
BUREAU V. S.

NAME: DOCTOR'S STATEMENT filmed G120 July 18 1949. L

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05969

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville — LENGTH OF STAY (In this place) 26 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS 4911 (If rural, give location) Crittenden st

3. NAME OF DECEASED (Typo or Print): (First) Harvey (Middle) [illegible] (Last) Glading
4. DATE OF DEATH: (Month) June (Day) 26, (Year) 1949

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov 16, 1868
9. AGE last birthday: 80 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Civil Engineer
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt
11. BIRTHPLACE (State or foreign country): Philadelphia Pa
12. CITIZEN OF WHAT COUNTRY: U.S.A

13. FATHER'S NAME: Norwood P. Glading
14. MOTHER'S MAIDEN NAME: Amelia Coombs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Mrs Bess Glading (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocarditis — Interval Between Onset and Death: 1 yr

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

429.2
93.d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 30, to 6-26, 1949, that I last saw the deceased alive on 6-26, 1949, and that death occurred at 10 P m., from the causes and on the date stated above.

SIGNATURE Leonard Hays (Degree or title) M.D. ADDRESS Hyattsville. Md DATE SIGNED 6-27-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 6/28/49 | NAME OF CEMETERY OR CREMATORY Geo Washington | LOCATION (City, town, or county) Hyattsville | (State) Md

DATE REC'D BY LOCAL REG. June 29 1949 | REGISTRAR'S SIGNATURE James Devez

24. FUNERAL DIRECTOR F. Tasch & Sons | ADDRESS Hyattsville Md.

VS. A15

RECEIVED
JUN 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05970

CERTIFICATE OF DEATH

Reg. Dist. No. 142

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capitol Heights — LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 613-57 Place.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capitol Heights
STREET ADDRESS (If rural, give location) 613 57th Pl Capitol Hgts.

3. NAME OF DECEASED (Type or Print): (First) TOWNSON (Middle) C (Last) GRAY

4. DATE OF DEATH: (Month) JUNE (Day) 25, (Year) 1949

5. SEX: M — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED — 8. DATE OF BIRTH: APRIL 24 1886 — 9. AGE last birthday: 63 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Telephone repairman — 10b. KIND OF BUSINESS OR INDUSTRY: Chesapeake & Potomac — 11. BIRTHPLACE (State or foreign country): Loudon Co. Va. — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Stonewall Gray — 14. MOTHER'S MAIDEN NAME: Lula Costello

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If year, give war or dates of service) — 16. SOCIAL SECURITY NO. 212-10-0565 — 17. INFORMANT: Edna M. Gray

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CARDIAC DECOMPENSATION — 3 WEEKS

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

527.1
93d

(b) CHRONIC MYOCARDITIS — 2 YEARS

(c) CHRONIC EMPHYSEMA AND PNEUMONITIS — 5 YEARS

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY 10, 1949, to JUNE 25, 1949, that I last saw the deceased alive on JUNE 20, 1949, and that death occurred at 6.50 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Alvin Seltzer, M.D. — 2025 Eye St, NW Wash 6. DC — 6/25/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE June 29 — NAME OF CEMETERY OR CREMATORY Cedar Hill — LOCATION (City, town, or county) (State) Suitland Md

DATE REC'D BY LOCAL REG. June 27-49 — REGISTRAR'S SIGNATURE Carrie F. Campbell — 24. FUNERAL DIRECTOR — ADDRESS W W Chancellor Co 517 11th St SE

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05971

Reg. Dist. No. 237

1. PLACE OF DEATH:

County: Pr. George's

City or town: Aquasco
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Pr. George

City or town: Aquasco
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: CATHARINE GROSS

3. (b) Social Security Number

4. Sex: F

5. Color or race: Blk

6.(a) Single, married, widowed, or divorced: W

6.(b) Name of husband or wife: Harry Gross

6.(c) If alive, give age: 59 years

7. Birth date of deceased (mo., day, yr.): June 25, 1891

8. AGE: Years: 58 Months: 11 Days: 19 If less than one day: — hrs. min.

9. Birthplace: Aquasco Pr. George Md.
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business

FATHER
12. Name: Hilton Chesley
13. Birthplace: Aquasco, Md.

MOTHER
14. Maiden name: Eliza Jones
15. Birthplace: Aquasco Md.

16. Informant: John H. Chesley
Address: Aquasco - Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: 6/13/49 (month) (day) (year)

Cemetery or crematory: St. Philips

Location: Aquasco, Md.

18. Funeral director: Hewitt & Ryon

Address: Waldorf, Md.

19. 6-11 1949 M. L. Moore
(Date rec'd by registrar) Registrar

W. R. C. Connick

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 9 1949 at 9:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 7 1949 to June 9 1949 and that I last saw her alive on June 8 1949

Immediate cause of death: Coronary Thrombosis — DURATION

Due to: Hypertensive Heart Disease — 4 yrs.

Due to: Arteriosclerosis

Other conditions: Cholecystitis, Chronic
420.1
93d
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Alfred R. Lapin, M.D. (M. D. or other)

Address: Aquasco Date signed: June 9, 1949

VS A15 9-45-151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 18 1949
BUREAU V. S.

05972 2 30

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Branchville
LENGTH OF STAY (in this place) 6 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4912 Indian Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Branchville
STREET ADDRESS (If rural, give location) 4912 Indian Lane

3. NAME OF DECEASED (Type or Print) (First) Brenda (Middle) Delores (Last) Hammond
4. DATE OF DEATH (Month) June (Day) 2 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH April 21, 1949
9. AGE last birthday yrs. If under 1 year Months 1/2 Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Riverdale, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Howard Frederick Hammond
14. MOTHER'S MAIDEN NAME Lula Marie Travers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Howard Frederick Hammond - Father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia due to suffocation

924.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute coryza

182

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Branchville (COUNTY) Pr. Geo. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 6-2-49 m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Baby was put into bed with mother. Had head cold since yesterday. Found dead 7 AM

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John T. Maloney M.D. Deputy Medical Examiner Cheverly - Hyattsville Md. 6-2-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/4/49
NAME OF CEMETERY OR CREMATORY St Lincoln
LOCATION (City, town, or county) Colmar Manor (State) Md.

DATE REC'D BY LOCAL REG. June 5 1949
REGISTRAR'S SIGNATURE John D. Smith
24. FUNERAL DIRECTOR F. Gasche sons Hyattsville Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 7 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05973

CERTIFICATE OF DEATH

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince George's; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural)
LENGTH OF STAY (In this place) 1mo., 10days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 405 Oakdale Place N. W.

3. NAME OF DECEASED (Type or Print): (First) RANDOLPH (Middle) (Last) HILL
4. DATE OF DEATH: (Month) June (Day) 5 (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Male	Negro	Separated	October 9, 1902	46 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Helper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Aiken, South Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Pierce Hill
14. MOTHER'S MAIDEN NAME: Claudia Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 076-12-8719
17. INFORMANT: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) pulmonary tuberculosis	5 months
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

002
131

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 26, 1949, to June 5, 1949, that I last saw the deceased alive on June 5, 1949, and that death occurred at 6:50 p.m., from the causes and on the date stated above.

SIGNATURE: Daniel Leo Finucane (Degree or title) M.D. ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Maryland DATE SIGNED: June 6, 1949

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE 6-9-1949 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) to Washington, D.C.

DATE REC'D BY LOCAL REG. June 8 1949 | REGISTRAR'S SIGNATURE Rowland S. Phillips

24. FUNERAL DIRECTOR: Frazier's Fun. Home Inc. per C.A.P. | ADDRESS 389 R.I. Ave. N.W.

RECEIVED
JUN 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05974

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age, is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro
LENGTH OF STAY (in this place) 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home of Mr Marion Duckett jr.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Pr Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Mitchellville
STREET ADDRESS (If rural, give location) Mr Marion Duckett's Farm

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Jackson (Last)

4. DATE OF DEATH (Month) June (Day) 11 (Year) 1949

5. SEX Male

6. COLOR OR RACE Black

7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH 1895

9. AGE last birthday 54 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer

10b. KIND OF BUSINESS OR INDUSTRY Tobacco

11. BIRTHPLACE (State or foreign country) Pr. Geo Co. Maryland

12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Washington Jackson

14. MOTHER'S MAIDEN NAME Sarah Tilghman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Haemorrhage — Interval between onset and death: 5 days

331 / 83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) No

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 6, 1946, to June 11, 1949, that I last saw the deceased alive on June 11, 1949, and that death occurred at 8:10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Robert S McCarney 402 Main St Laurel Md 6/11/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF June 14 1949

NAME OF CEMETERY OR CREMATORY Holy Family

LOCATION (City, town, or county) (State) Woodmore Md

DATE REC'D BY LOCAL REG. 6-12-49

REGISTRAR'S SIGNATURE Louise H. Peach

24. FUNERAL DIRECTOR Clarence Foreacre ADDRESS Mitchellville Md

VS. A15

RECEIVED
JUN 20 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05975

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 232

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Naylor P.O. — LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Naylor
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Richard (Middle) A. (Last) Johnson Jr.

4. DATE OF DEATH: (Month) June (Day) 1 (Year) 1949

5. SEX: male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Oct. 31 1876

9. AGE last birthday: 72 yrs. — If under 1 year: Months 7 Days 1 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Prince George Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard A. Johnson

14. MOTHER'S MAIDEN NAME: Eliza Webb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) not

16. SOCIAL SECURITY No.

17. INFORMANT: Elrene Johnson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive Heart Failure	2 mos
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 442 131a	(b) Hypertensive C V R Disease	10 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946, 19....., to 31 May, 1949, that I last saw the deceased alive on 31 May, 1949, and that death occurred at 6 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Robert B Lancer MD Upper Marlboro 1 June 49

23. BURIAL, CREMATION / REMOVAL (Specify) — DATE — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

Burial June 4 1949 Brooks Naylor Md.

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS

June 4 1949 R Bruce Smith J B Johnson Annapolis Md

VS. A15

RECEIVED
JUN 6 1949
BUREAU V. S.

05976

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH · COUNTY: Prince George 's MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: D. C. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (Rural — LENGTH OF STAY (in this place): 9mos., 19days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium	STREET ADDRESS (If rural, give location): 1505 - 7th St. N. W.

3. NAME OF DECEASED (Type or Print): (First) AUGUSTUS (Middle) (Last) JONES

4. DATE OF DEATH (Month) (Day) (Year): June 15, 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Negro	Married	Nov. 4, 1881	67 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Barber		Meadowville, Virginia	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Jones	Molly Hutchinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
No		227-18-3605	Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis

002 Antecedent cause(s)

13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 8/27, 1949, to 6/15, 1949, that I last saw the deceased alive on 6/15, 1949, and that death occurred at 7 15 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Daniel Leo Pinucane	M. D.	Glenn Dale Sanatorium Glenn Dale, Maryland	June 15, 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	June 15, 1949	D.C. Morgue 6/20/49	Washington, D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 15, 1949	Rowland J. Philips	Robinson Company	1313 6 St NW D C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 22 1949
BUREAU S. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05977

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Prince George's; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (Rural); LENGTH OF STAY (in this place): 8mos., 9days; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: D. C.; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington; STREET ADDRESS (If rural, give location): 131 - L. St. N. W.

3. NAME OF DECEASED (Type or Print): (First) ELLA (Middle) YOUNG (Last) JONES

4. DATE OF DEATH: (Month) JUNE (Day) 17 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 25, 1885

9. AGE last birthday: 64 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Aiken, South Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Young

14. MOTHER'S MAIDEN NAME: Sylvia ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY No.: 579-30-2132

17. INFORMANT: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: 11 mo.

002 Antecedent cause(s)

138 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 3 yr.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 8, 1948, to June 17, 1949, that I last saw the deceased alive on June 17, 1949, and that death occurred at 5:10 P.m., from the causes and on the date stated above.

SIGNATURE: Daniel Lee Pincare (Degree or title) M.D. ADDRESS: Glenn Dale Sanatorium Glenn Dale, Maryland DATE SIGNED: June 17, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial in Washington D.C. DATE: 6-18-49 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State): to Washington D.C.

DATE REC'D BY LOCAL REG.: June 18, 1949 REGISTRAR'S SIGNATURE: Rowland S. Phillips

24. FUNERAL DIRECTOR: G. H. Hartlieb ADDRESS: 1322 Jurist Place

RECEIVED
JUN 27 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

15978

Reg. Dist. No. 232

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A15A

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheltenham
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Keys Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheltenham
STREET ADDRESS (If rural, give location) Keys Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
James	Henry	Keys	6	12	49

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored	Married	6/26/96	52 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Unemployed	Maryland	USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Patricia Keys

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes	" " # 1		Ethel M. Keys

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Universal charring burns to the body

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

916.0
180

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. In a house that burned to the ground

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home	(CITY OR TOWN) heltenham	(COUNTY) P. G.	(STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
6/12/49 m.		House burned down

22. *I certify that I took charge of the remains described above, held an Autopsy* ☐, *Inspection* ☒, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James D. Boyd	M. D.	Forestville, Md.	6/12/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/16/49	Arlington National	Arlington, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 13 1949	R. Earle Smith	Ritchie Bros.	Upper Marlboro Maryland

RECEIVED
JUN 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05979

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berwyn; MARYLAND; LENGTH OF STAY (In this place) 1 year; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince George; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berwyn; STREET ADDRESS 4909 (If rural, give location) Quebec st

3. NAME OF DECEASED (Type or Print): (First) RUTH (Middle) (NONE) (Last) KIERNAN

4. DATE OF DEATH: (Month) June (Day) 13, (Year) 1949

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 4/23/1892

9. AGE last Birthday: 57 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? A

13. FATHER'S NAME: James Arrowsmith

14. MOTHER'S MAIDEN NAME: Louise Turner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

(If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mr Mark Kiernan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Congestive Heart Failure — Interval Between Onset and Death: 2 yr

Antecedent cause(s) 443 58e

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertension —

(c) Rheumatic Fever —

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —

(CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from June 46, to June 49, that I last saw the deceased alive on 13 June, 1949, and that death occurred at 9 55 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A. K. Etienne M.D. Berwyn, Md 6-13-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: June 17. 1949

NAME OF CEMETERY OR CREMATORY: Ft Lincoln

LOCATION (City, town, or county) (State): Colmar Manor Md

DATE REC'D BY LOCAL REG. 6/16/49

REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: F. Gasche Sons

ADDRESS: Hyattsville Md

RECEIVED
JUN 20 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

115981

Reg. Dist. No. 2131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince George's — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Maryland — LENGTH OF STAY (In this place) 15 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Maryland
STREET ADDRESS 2902 - 64th St. (If rural, give location) Cheverly Md

3. NAME OF DECEASED (Type or Print): (First) Nancy (Middle) Lee (Last) Lemberg
4. DATE OF DEATH: (Month) June (Day) 16, (Year) 1949

5. SEX: F
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: March 25, 1949
9. AGE last birthday: yrs. — If under 1 year: Months 2 | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Wm Rex Lemberg
14. MOTHER'S MAIDEN NAME: Ethel Satterfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Wm Lemberg

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchopneumonia, pulmonary congestion — 8 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Intussusception, intestinal — 24 hours
(c) Meckel's diverticulitis — 48 hours

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6/15/49
19b. MAJOR FINDINGS OF OPERATION: Intestinal obstruction due to ileo-cecal, ileo-ileal, Meckel's diverticulum-ileal
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office hldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/14, 1949, to 6/15, 1949, that I last saw the deceased alive on 6/15, 1949, and that death occurred at 12:40 A. m., from the causes and on the date stated above.

SIGNATURE: Julius Kaufman (Degree or title) M.D. — ADDRESS: 5102 Annapolis Rd., Bladensburg Md. — DATE SIGNED: 6/16/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 6/20/49 — NAME OF CEMETERY OR CREMATORY: Ft Lincoln — LOCATION (City, town, or county): Colmar Manor (State): Md

DATE REC'D BY LOCAL REG.: 6/20/49 — REGISTRAR'S SIGNATURE: Amanda Downey — 24. FUNERAL DIRECTOR: F. Gasche — ADDRESS: Hyattsville Md.

RECEIVED
JUN 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05981

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15A

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural, give location) 3209-19th Street, N.W. ✓

3. NAME OF DECEASED (Type or Print): (First) Mable (Middle) Lucille (Last) Leslie
4. DATE OF DEATH: (Month) June (Day) 26 (Year) 1949

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Sept 15, 1904
9. AGE last birthday: 44 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Roanoke, Va
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George C. Combre
14. MOTHER'S MAIDEN NAME: Callie E. Roberts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Harvey G. Leslie - Husband.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

434.1 93e Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John J. Maloney, M.D. Deputy Medical Examiner - Cheverly - Hyattsville 6-26-49

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 6/26/49 | NAME OF CEMETERY OR CREMATORY Washington D.C. | LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 6/26/49 | REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR S. H. Hines Co. ADDRESS 2901-14th St. N.W. Wash. D.C.

RECEIVED
JUN 28 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

115982

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover Hills
STREET ADDRESS (If rural, give location) 4236 71st Ave

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) Harry (Last) Lex

4. DATE OF DEATH: (Month) June (Day) 8 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 29 1902

9. AGE last birthday: 47 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Maintenance

11. BIRTHPLACE (State or foreign country): New Jersey

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William H. Lex

14. MOTHER'S MAIDEN NAME: Edith McCormick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 11/27/1925 11/31/1929

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Anne A. Lex

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Perforation of Esophagus	2 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Left Lung Abscess	1 Month
	(c) Chronic Idiopathic Pulmonary Emphysema	4 yrs.

527.1
116

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 6, 1949, to June 8, 1949, that I last saw the deceased alive on June 8, 1949, and that death occurred at 5:30 P m., from the causes and on the date stated above.

SIGNATURE: Samuel J. N. Sugar — (Degree or title) M.D. — ADDRESS: 4300 Raywood Dr. Mt Rainier Md. — DATE SIGNED: June 8, '49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 6/13/1949 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington Co. Virginia

DATE REC'D BY LOCAL REG.: 6/9/49 — REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR — ADDRESS: W. W. Chambers Co. — Riverdale, Md.

RECEIVED
JUN 11 1949
BUREAU V. S.

05983

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

EVIDENCE FOR CHANGE OF AGE + BIRTH DATE IS ON:

FILE No. G 120 JUN 17 1949

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood — LENGTH OF STAY (in this place) 1 1/2 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3717 Perry St.	STREET ADDRESS (If rural, give location) 3717 Perry St.

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Stiles (Last) Little			4. DATE OF DEATH (Month) June (Day) 1 (Year) 1949	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	8. DATE OF BIRTH MAY 3, ~~1844~~ 1863	9. AGE last birthday ~~85~~ ~~86~~ yrs. 86 — If under Months. 1 year Days — If under Hours 24 hrs. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) NEW Jersey	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Capt. James O Cory		14. MOTHER'S MAIDEN NAME Elizabeth Boone		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Beulah V. Campbell		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cancer of Right Breast. — 7 years.

170 Antecedent cause(s)

50 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 10, 1945, to June 1, 1949, that I last saw the deceased alive on May 31, 1949, and that death occurred at 9:45 A.m., from the causes and on the date stated above.

SIGNATURE Charles C. Hagage (Degree or title) M.D. ADDRESS Mt. Rainier, Md. DATE SIGNED 6/1/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 6/4/49	NAME OF CEMETERY OR CREMATORY Prince Ridge	LOCATION (City, town, or county) Sikeville, Maryland (State)
DATE REC'D BY LOCAL REG. 6/2/49	REGISTRAR'S SIGNATURE A.W. Hedrick	24. FUNERAL DIRECTOR Frank H. Newell	ADDRESS Sikeville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 T

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05984

Reg. Dist. No. 239

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cost of age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel; LENGTH OF STAY (In this place) 9 mos; HOSPITAL OR INSTITUTION OR STREET ADDRESS 47 A Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Pr. Georges; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel; STREET ADDRESS (If rural, give location) 47 A Street

3. NAME OF DECEASED (Type or Print): (First) Powell; (Middle) P; (Last) Logan

4. DATE OF DEATH: (Month) June; (Day) 23; (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Mar. 2, 1904

9. AGE Last birthday: 45 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Moving picture oper.

10b. KIND OF BUSINESS OR INDUSTRY: Motion pict.

11. BIRTHPLACE (State or foreign country): Clarke County, Va

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Elmer Logan

14. MOTHER'S MAIDEN NAME: Leona May Farmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 216-05-8856

17. INFORMANT: Francis Logan, Brother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

442

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

131a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* ☐, *Inspection* ☒, *Inquiry* ☒ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John D. Maloney M.D Deputy Medical Examiner-Cheverly-Hyattsville 6-23-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 6-25-49

NAME OF CEMETERY OR CREMATORY: Greenwood

LOCATION (City, town, or county) (State): Berwyn Md

DATE REC'D BY LOCAL REG.: June 30-49

REGISTRAR'S SIGNATURE: M. Brashears

24. FUNERAL DIRECTOR: F. Sasche Sons

ADDRESS: Hyattsville Md

RECEIVED
JUL 2 1942
BUREAU T. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05985

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riverdale — LENGTH OF STAY (in this place): 8 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6302 - 49th Ave

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riverdale
STREET ADDRESS (If rural, give location): 6302 - 49th Avenue

3. NAME OF DECEASED (Type or Print) (First) Harry (Middle) Jay (Last) Luckett

4. DATE OF DEATH (Month) June (Day) 22 (Year) 1949

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: July 10 1883
9. AGE last birthday: 64 yrs. — If under 1 year: Months 11, Days 12 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeper
10b. KIND OF BUSINESS OR INDUSTRY: Fish & Seafood Co.
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: George W. Luckett
14. MOTHER'S MAIDEN NAME: Josephine — Turnbull

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: yes. ?
17. INFORMANT: Doris E. Luckett - Daughter-in-law

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive Heart Failure	1 week
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arteriosclerotic Heart Dis.	2 years
93d	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 17, 1947, to June 22, 1949 that I last saw the deceased alive on June 22, 1949, and that death occurred at 5:55 P.m., from the causes and on the date stated above.

SIGNATURE: L W Malin MD (Degree or title) — ADDRESS: Riverdale, Md. — DATE SIGNED

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify): Burial — DATE THEREOF: 6/25/49 — NAME OF CEMETERY OR CREMATORY: Cedar Hill, Suitland, Maryland — LOCATION (City, town, or county): Suitland — (State): Maryland

DATE REC'D BY LOCAL REG.: June 22, 1949 — REGISTRAR'S SIGNATURE: James Severy

24. FUNERAL DIRECTOR: J. F. Hines Co. — ADDRESS: 2901 - 14th St NW Wash DC

RECEIVED
JUN 25 1949
BUREAU V. S.

Evidence for change of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05986

CERTIFICATE OF DEATH

Reg. Dist. No. 245

FILM No. G 121 AUG -4 1949

1. PLACE OF DEATH: COUNTY Pr. Geo. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural #1 | LENGTH OF STAY (in this place) 3 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mother Bones Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) Riggs Rd. Hyattsville, Md.

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) (Last) MITCHEL

4. DATE OF DEATH: (Month) 6 (Day) 16 (Year) 1949

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH: 7-9-1868 | 9. AGE last birthday: 80 84 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unk. | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Iceland | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unk | 14. MOTHER'S MAIDEN NAME: Rest Home Records

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unk. | (If year, give wer or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Vascular Accident (Hemorrhage)

420.0 Antecedent cause(s)

938 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Arteriosclerotic Heart Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Dey) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 13, 1949, to June 16, 1949, that I last saw the deceased alive on June 16, 1949, and that death occurred at 7:50 p.m., from the causes and on the date stated above.

SIGNATURE Bernard A. Fitzgerald, MD (Degree or title) | ADDRESS | DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE 6-20-49 | NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery | LOCATION (City, town, or county) (State) Prince George Co., Md.

DATE REC'D BY LOCAL REG. June 16 1949 | REGISTRAR'S SIGNATURE James Lavery | 24. FUNERAL DIRECTOR ADDRESS S. H. Hines Co - 2901 - 14th St., NW.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 18 1949
BUREAU V. S.

05987

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2031

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 5 dw 15 50 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Gr Gen Hosp. Inf

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Upper Marlboro COUNTY Pr Gr
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro
STREET ADDRESS (If rural, give location) 6 10 AM

3. NAME OF DECEASED (Type or Print) (First) Lillian (Middle) C. (Last) Nachman
4. DATE OF DEATH (Month) June (Day) 11 (Year) 1949

5. SEX f
6. COLOR OR RACE w
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) w
8. DATE OF BIRTH Dec 10 1887
9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cashier
10b. KIND OF BUSINESS OR INDUSTRY Movie
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Wm Oden Beall
14. MOTHER'S MAIDEN NAME Matilda C. Cox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) No.
16. SOCIAL SECURITY NO. ?
17. INFORMANT Mrs. Louise Durity

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive Heart Failure	2 wks
420,1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	10 yrs
61	(c) Myocardial Infarction.	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 10 yrs

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from May 15, 1949, to June 11, 1949, that I last saw the deceased alive on June 10, 1949, and that death occurred at 6:30 A m., from the causes and on the date stated above.

SIGNATURE James L. Sassaer (Degree or title) M.D. ADDRESS Upper Marlboro, Md. DATE SIGNED 6-11-49

23. BURIAL CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6-14-49
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) Suitland (State) Md

DATE REC'D BY LOCAL REG. 6/11/49
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Ritchie Bros ADDRESS Upper Marlboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

05988

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Suitland — LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Suitland
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4819 Silver Hill Rd.	STREET ADDRESS (If rural, give location) 4819 Silver Hill Rd.

3. NAME OF DECEASED (Type or Print)	(First) Wilbur	(Middle) Elias	(Last) Newton	4. DATE OF DEATH	(Month) 6	(Day) 10	(Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 2/2/16	9. AGE last birthday 33 yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Forestville, Md.	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME Wilbur Newton	14. MOTHER'S MAIDEN NAME Edna Eleanor Gray						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Ray Creasy					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

416 Immediate cause (a) Acute congestive heart failure

95b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Rheumatic heart disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James I. Boyd	M.D.	Forestville, Md.	6/11/49

23. BURIAL, CREMATION ~~REMOVAL (Specify)~~ Burial	DATE THEREOF 6-13-49	NAME OF CEMETERY OR CREMATORY Epiphany	LOCATION (City, town, or county) Forestville, Md (State)
DATE REC'D BY LOCAL REG. June 11-1949	REGISTRAR'S SIGNATURE Edna F. Collins	24. FUNERAL DIRECTOR Robert A. Mattingly	ADDRESS 131-11th St SE Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05989

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
STREET ADDRESS (If rural, give location) 4507 Oliver St

3. NAME OF DECEASED (Type or Print) (First) Noble (Middle) L (Last) Owings

4. DATE OF DEATH (Month) June (Day) 24 (Year) 1949

5. SEX Male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Mar 17 1889
9. AGE last birthday 60 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Asst. chief engineer
10b. KIND OF BUSINESS OR INDUSTRY Sanitary Comm.
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Ezra Owings
14. MOTHER'S MAIDEN NAME Carrie Pearl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Noble Luther Owings (son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Myocardial Infarction c̄ Failure

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary arteriosclerosis (marked)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1944, to Nov 24, 1949, that I last saw the deceased alive on 6 24, 194 , and that death occurred at 7:00 P m., from the causes and on the date stated above.

SIGNATURE A Deetz M.D. (Degree or title) ADDRESS Hyattsville Md DATE SIGNED 6 24 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/27/49
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. June 25, 1949
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR, ADDRESS F. Gascheson Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 234

1. PLACE OF DEATH:

County: Prince Georges

City or town: Allentown, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Prince Georges

City or town: Allentown
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 6501 Allentown Road
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: RUSSELL M. PADGETT, Sr.

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Emma J. Padgett

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): May 17, 1886

8. AGE: Years	Months	Days	If less than one day
63			..... hrs. ..... min.

9. Birthplace: Allentown, Maryland (Pr. Georges)
(Town, county, and state)

10. Usual occupation: Plumbing and Electrical Contractor

11. Industry or business

FATHER
12. Name: Robert Padgett
13. Birthplace: Maryland

MOTHER
14. Maiden name: Fannie E. Pyles
15. Birthplace: Maryland

16. Informant: Emma J. Padgett

Address: 6501 Allentown Rd, Allentown Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 18-1949 (month) (day) (year)

Cemetery or crematory: Cedar Hill Cemetery

Location: Suitland, Md.

18. Funeral director: Simmons Bros.

Address: 2007 - Nichols Ave. SE. Washington DC

19. 6/16/49 (Date rec'd by registrar) 19— Howard I Beall, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 16 1949 at 12 15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 14 1949 to June 16 1949 and that I last saw him alive on June 15 1949

Immediate cause of death: Cerebral Hemorrhage with Rt. Side Paralysis

Due to: General Arterio Sclerosis

Due to: —

Other conditions: —

331

83a

(Include pregnancy within 3 months of death)

Major findings of operations: — none

Date of op.

Autopsy results: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

DURATION
2½ days
unknown

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Natural Causes

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE: Paul C Van Natta M. D. or other

Address: Washington 19 DC Date signed: June 16 1949

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15.

RECEIVED
JUN 28 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05991

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Prince George's — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (Rural)
LENGTH OF STAY (in this place): 2yrs., 5mos., 722 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D. C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1501 - Vermont Ave. N. W.

3. NAME OF DECEASED (Type or Print): (First) LEONARD (Middle) D. (Last) PAYNE

4. DATE OF DEATH: (Month) JUNE (Day) 17 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 10, 1888

9. AGE last birthday: 61 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lynchburg, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas J. Payne

14. MOTHER'S MAIDEN NAME: Faith Staple

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: 579-03-3469

17. INFORMANT: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: 2 yr. 7 mo.

002 Antecedent cause(s)

30d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Luetic Aortitis — 2 yr. 6 mo.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 26, 1946, to JUNE 17, 1949, that I last saw the deceased alive on JUNE 17, 1949, and that death occurred at 7:15 P. m., from the causes and on the date stated above.

SIGNATURE: Daniel Leo Finucane — (Degree or title): M.D. — ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Maryland — DATE SIGNED: June 17, 1949

23. ~~BURIAL~~ CREMATION (REMOVAL) (Specify) | DATE: 6-18-1949 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State): to Lynchburg, Va.

DATE RECD BY LOCAL REG.: 6/18/49 | REGISTRAR'S SIGNATURE: Rowland S. Phillips | 24. FUNERAL DIRECTOR: C. W. Wilson Co. Lynchburg Va. | ADDRESS

VS. A15

RECEIVED
JUN 27 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

205992

Reg. Dist. No. 2-15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville; LENGTH OF STAY (in this place) 14 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS Box No 26 - Rigg Road.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince Georges; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville; STREET ADDRESS (If rural, give location) Box 26 - Rigg Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
George	Robert	Peter	June	29	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Mar 21, 1907	42 yrs.	3	9		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Engineer	Forest Glen Hosp.	Cheverly - Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Oscar Peter	Ida May Stone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes World War 2	577-05-0892	Dorothy Lynn Peter - Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.1	Immediate cause	(a) Coronary Occlusion	
131.0	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiovascular renal disease	
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
John J. Maloney, M.D. Dep. Med. Exam.	Cheverly - Hyattsville, Md	6-29-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 2, 1949	Rock Creek Cemetery	Washington, D. C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 5, 1949	James Seery	Warner E. Pumphrey, Inc.	Silver Spring, Md.

RECEIVED
JUL 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05993

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Prince Geo. — Riverdale MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (In this place) 6-26 thru 6-29
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berwyn
STREET ADDRESS (If rural, give location) Box 24-Rt 1

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Nellie	ELLEN	Poetzman	June	29	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	9/1/1875	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: William Smith
14. MOTHER'S MAIDEN NAME: Caroline ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Congestive Heart Failure	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Arteriosclerotic Heart Dis	10 yrs.
(c)	Acute Gastro-enteritis	5 days

420.0
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from June 27, 1949, to June 29, 1949, that I last saw the deceased alive on June 29, 1949, and that death occurred at 11:35 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
L W Mahn	M D	Riverdale, Md	6-30-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	July 2, 1949	Fort Lincoln	Washington	D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 30, 1949	James Seery	W.W. Chambers Co.	Riverdale Md

VS. A15

RECEIVED
JUL 2 1919
BUREAU V. S.

Evidence for changes in #1,2, shown on:

FILM No. G 123 DEC 6 1949

05923

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Prince George ~~Montgomery~~ MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Avanell
LENGTH OF STAY (in this place) Pt.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Silver Spring R.F.D. MISS MORGAN'S NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo. ~~Montgomery~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Avanell
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) MARGARET (Middle) M. (Last) Ray

4. DATE OF DEATH (Month) June (Day) 18 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) married
8. DATE OF BIRTH Oct 15, 1880
9. AGE last birthday 68 yrs. If under 1 year: Months 8, Days 2; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Laurel, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George L. Case
14. MOTHER'S MAIDEN NAME ? — Robertson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT Wm Arnold Ray

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebrovascular Accident	1 mo
Antecedent cause(s)		
260 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis, generalized	yrs
61	(c) Diabetes Mellitus	yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1947, to 6/17, 1949, that I last saw the deceased alive on 6/17, 1949, and that death occurred at 2:30 A.m., from the causes and on the date stated above.

SIGNATURE C H Bigon MD (Degree or title) ADDRESS Sandy Spring Md DATE SIGNED 6/18/49

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) DATE 6/18/49 NAME OF CEMETERY OR CREMATORY Colesville Church Cemetery LOCATION (City, town, or county) Colesville (State) Md.

DATE REC'D BY LOCAL REG. 6-18-49 REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR Robert A. Pumphrey, Jr. ADDRESS Bethesda Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 29 1949
BUREAU V. S.

05994

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boulevard Heights — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boulevard Heights
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4819 Clark Street	STREET ADDRESS (If rural, give location) 4819 Clark Street

3. NAME OF DECEASED (Type or Print)	(First) Frances	(Middle) Theresa	(Last) Reiger	4. DATE OF DEATH (Month) 6 (Day) 22 (Year) 49
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Jan. 10, 1914	9. AGE last birthday 35 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary	10b. KIND OF BUSINESS OR INDUSTRY Govt.	11. BIRTHPLACE (State or foreign country) New York	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME George Brassler		14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) W.W. II (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT Florence Tryon		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage and shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Multiple fractures of the skull and face

(c)

983

168

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home — (CITY OR TOWN) Boulevard Heights (COUNTY) P. G. (STATE) Md.

TIME OF INJURY (Month) 6 (Day) 22 (Year) 49 (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Struck over the head with a hammer

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

SIGNATURE James I. Boyd (Degree or title) M. D. ADDRESS Forestville, Md. DATE SIGNED 6/23/49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) — DATE THEREOF Shipped 6/24/49 — NAME OF CEMETERY OR CREMATORY Pinetown N. Y. — LOCATION (City, town, or county) College Point N.Y. (State)

DATE REC'D BY LOCAL REG. 6/23/49 — REGISTRAR'S SIGNATURE Amanda Downey — 24. FUNERAL DIRECTOR The S.H. Hines Co — ADDRESS 2901 - 14th St N.W. Wash. D.C.

Shipped to Johann & Son Funeral Home College Point N.Y.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05996

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 39 hr. 4 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo Gen'l

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 7172 Richey Road S.E. D.C.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) F.W. Henry Purschwitz

4. DATE OF DEATH (Month) (Day) (Year) June 1 1949 7:38 AM

5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH Aug. 8, 1876
9. AGE last birthday 73 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Carpenter
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME F.W. Henry Purschwitz
14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 213-16-2017 A
17. INFORMANT Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia

610

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute Hemorrhagic Congestion (small bowel)

1352

(c) Urinary retention. (prostatic obstruction)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 5-31-49
19b. MAJOR FINDINGS OF OPERATION Distended Bladder.
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 30, 1949, to June 1, 1949, that I last saw the deceased alive on May 31, 1949, and that death occurred at 7:38 a.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
James M. Fadley M.D. 1698 37th N.W. June 1, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 6/3/49
NAME OF CEMETERY OR CREMATORY Mt Oak Cemetery
LOCATION (City, town, or county) (State) Mitchellsville Pr. Geo. Md.

DATE REC'D BY LOCAL REG. June 2, 1949
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR ADDRESS Wm. J. Nalley 3200 R.I. Ave. Mt Rainier, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

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RECEIVED
JUN 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05997

CERTIFICATE OF DEATH

Reg. Dist. No. 230

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenbelt; LENGTH OF STAY (in this place) 1 yr; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Pr. Geo's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenbelt; STREET ADDRESS (If rural, give location) 73 Ridge Road

3. NAME OF DECEASED (Type or Print): (First) Richard (Middle) Sheridan (Last) Ratcliff

4. DATE OF DEATH: (Month) 6 (Day) 20 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 1/26-1866

9. AGE last birthday: 83 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Laborer

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Ratcliff

14. MOTHER'S MAIDEN NAME: Hulda Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Joseph Ratcliff

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma Rectale

177 Antecedent cause(s)

51b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) with Generalized Metastasis

(c) ~~Arteriosclerosis~~

INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 11, 1946, to June 20, 1949, that I last saw the deceased alive on June 18, 1949, and that death occurred at 4 3/4 m., from the causes and on the date stated above.

SIGNATURE J. M. Warren (Degree or title) ADDRESS Laurel Md. DATE SIGNED 6/20/49

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation; DATE 6/23/49; NAME OF CEMETERY OR CREMATORY Cedar Hill; LOCATION (City, town, or county) Brentland (State) Md

DATE REC'D BY LOCAL REG. June 21-49; REGISTRAR'S SIGNATURE John D. Smith

24. FUNERAL DIRECTOR F. Gaschis Son's; ADDRESS Hyattsville Md

RECEIVED
JUN 22 1949
BUREAU V. S.

05998

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover — LENGTH OF STAY (in this place) 6 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Golf & Country Club

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Highland Park
STREET ADDRESS (If rural, give location) 69th Place

3. NAME OF DECEASED (Type or Print): (First) Jerome (Middle) J. (Last) Ray

4. DATE OF DEATH: (Month) June (Day) 30 (Year) 1949

5. SEX: M.

6. COLOR OR RACE: C.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July 17, 1922

9. AGE last birthday: 26 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): N. Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.G.

13. FATHER'S NAME: Augustus Ray

14. MOTHER'S MAIDEN NAME: Lucinester Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) 1942-1946

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxia due to drowning — Interval between onset and death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

9794 183

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Golf & Country Club — (CITY OR TOWN) Landover, — (COUNTY) Pr. Georges — (STATE) Md.

TIME OF INJURY (Month) June (Day) 30 (Year) 1949 (Hour) 1:30 A m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? Drowned while swimming

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

John J. Maloney M.D. Dep. Med. Examiner — Cheverly-Hyattsville, Md — 6-30-49

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation — DATE THEREOF: 6/30/49 — NAME OF CEMETERY OR CREMATORY: Washington General Home — LOCATION (City, town, or county) N.E. Washington D.C. (State)

DATE REC'D BY LOCAL REG. 6/30/49 — REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: E. Gascheson — ADDRESS: Hyattsville Md.

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JUL 2 1949
BUREAU V. S.

Evidence for addition of #18 and #21 is on:

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

05995

FILM No. G 121 JUL 22 1949

Reg. Dist. No. 242

1. PLACE OF DEATH
COUNTY Prince George's
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boulevard Heights
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4819 Clark Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY D. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boulevard Heights
STREET ADDRESS (If rural, give location) 4819 Clark Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Harold	James	Reiger	6	22	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	6/10/02	47 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Draftsman
10b. KIND OF BUSINESS OR INDUSTRY: Navy Yard
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Albert Reiger
14. MOTHER'S MAIDEN NAME: Elizabeth Fraser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT: Florence Tryon

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

971.7 **Immediate cause** (a) ~~Undetermined~~ Acute cardiorespiratory failure — Interval between onset and death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 163g (b) due to acute fluoride poisoning (7-19-49- ams.)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. Suicide
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James D. Boyd	M. D.	Forestville, Md.	6/23/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	6/27/49	Fort Lincoln	Colmar Manor	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/23/49	Amanda Downey Carrie Campbell	The S.H. Hines Co.	2901 14th St NW.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 28 1949
BUREAU V. S.

M

C

Child lived 1 hour and 20 minutes.

I

V. S. A10

T

Death *

05999

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF ~~STILLBIRTH~~ ~~Birth and~~ Death

Reg. Dist. No. 245

A certificate must be filed within 24 hours for every stillbirth of 20 weeks' gestation or more (see stub)

1. PLACE OF BIRTH:

County Prince Georges

City or town Riverdale
(If outside city or town limits, write RURAL and give nearest town)

Street address, hospital, or institution:
Eugene Leland Memorial Hospital

Length of mother's stay in County 1 Year
(How many years, or months, or days. SPECIFY WHICH)

2. USUAL RESIDENCE OF MOTHER:

State Maryland

County Prince Georges

City or town Riverdale
(If outside city or town limits, write RURAL and give nearest town)

Street No. 6503 46th Place
(If RURAL give LOCATION)

3. Name of child Baby Girl Richards

4. Date of birth June 17, 1949 Hour 6:05 A.M.

5. Sex Female | 6. Twin or triplet -

7. No. of weeks pregnancy 36

FATHER OF CHILD

8. Full name Francis Edward Richards

9. Color white 10. Age at time of this birth 27 yrs.

11. Usual occupation Electrician

MOTHER OF CHILD

12. Full maiden name Velda Jeanne Regan

13. Color white 14. Age at time of this birth 23 yrs.

15. Usual occupation Hswf.

16. Other children born to mother (not including present child): (a) How many children of this mother are now living? 1
(b) How many other children were born alive but are now dead? 0 (c) How many other children were *born* dead? 0

17. Did child die before labor? During labor?

18. Pregnancy, complications of None

19. Labor: (a) Complications of None
(b) Induced?

20. (a) Was there an operation for delivery? No. (Yes or No)
(b) State all operations, if any
(c) Did child die before operation?
During operation?

21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.
(a) Fetal causes Asphyxia in achondroplastic dwarf.
(b) Maternal causes None.

758.1
161.2

22. I certify to the birth of this child who was born dead* on the date and hour above stated.

Signature L W Malin MD
(Specify if M. D., midwife, or other)

Address 4404 Queensbury Rd., Riverdale, Md.

23. (a) Removal (Burial, cremation or removal) (b) Date thereof June 17 1949 (month) (day) (year)
(c) ~~Cemetery or crematory~~ Army Institute of Pathology Wash D.C.

24. (a) Funeral director
(b) Address by Leland Memorial Hosp Riverdale, Md.

25. (a) June 17 1949 (Date rec'd by registrar) (b) James Severy (Registrar)

26. (To be filled out if no physician was present at delivery.) The above certificate has been examined by me.

Health Officer, per

* See Instruction C on stub.

RECEIVED
JUN 20 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06000

Reg. Dist. No. 142

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George's — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Highland Pk. — LENGTH OF STAY (In this place) 22 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Highland Park
STREET ADDRESS (If rural give location) 1114 69th Ave.

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) Edward (Last) Saunders
4. DATE OF DEATH (Month) (Day) (Year): 6 - 30 - 1949
5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 3-23-1885
9. AGE last birthday: 64 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: Charles Saunders
14. MOTHER'S MAIDEN NAME: Marian Mullingan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT: Marie Saunders

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

154 Immediate cause (a) Carcinoma of Rectum

46d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Nephritis, Chronic

19a. DATE OF OPERATION: no — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1948, to June 30, 1949, that I last saw the deceased alive on June 29, 1949, and that death occurred at 8:30 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Dr. H. Bruce M. D. 5005 Sheriff Rd. NE 6-30-49

23. BURIAL, CREMATION REMOVAL (Specify) — DATE THEREOF 7-5-1949 — NAME OF CEMETERY OR CREMATORY Harmony — LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REG. July 1 1949 — REGISTRAR'S SIGNATURE Carrie F. Campbell. — 24. FUNERAL DIRECTOR H. L. Washington & Sons — ADDRESS 467 N St. NW

VS. A15

RECEIVED
JUL 5 1949
BUREAU V. S.

06001

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Colmar Manor
LENGTH OF STAY (in this place): 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Colmar Manor Md.
STREET ADDRESS (If rural give location): 3604 40th Place

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Joseph	Xavier	Shaffer	June	14	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	widowed	Oct 22, 1879	69 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Janitor	Public school	Washington D. C.	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Augusta Shaffer	Susanna Lynch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no		Jeanette Maggio

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary insufficiency

420.0 1310 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocardial failure

(c) Arteriosclerotic Heart & Kidney Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Sept 1, 1945, to 6/14, 1949, that I last saw the deceased alive on 6/14, 1949, and that death occurred at 7:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): George Maggio — ADDRESS — DATE SIGNED: 6/16/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/17/49	Mt. Olivet	Washington D. C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/17/49	Amanda Downey	E. Gasch's Sons	Hyattsville Maryland

RECEIVED
JUN 18 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06002

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Georges Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park — LENGTH OF STAY (in this place) 1 day	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7005 N. Hampshire Ave.	STREET ADDRESS (If rural give location) 7005 - N. Hampshire Ave.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Simmons				4. DATE OF DEATH (Month) (Day) (Year) 6 - 10 1949			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 6-10-1949	9. AGE last birthday 7 hrs. yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME James Edward Simmons			14. MOTHER'S MAIDEN NAME Constance (2) (1) Edith				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no.	(If year, give war or dates of service)	16. SOCIAL SECURITY NO. no	17. INFORMANT				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity —

776 Antecedent cause(s)

159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Exposure, negligence

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify) none	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —	(CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 6/10, 1949, to 6/10, 1949, that I last saw the deceased alive on 6/10, 1949, and that death occurred at 9:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Ernest E Harmon M.D. ADDRESS Woodmoor, Silverwood, Md. DATE SIGNED

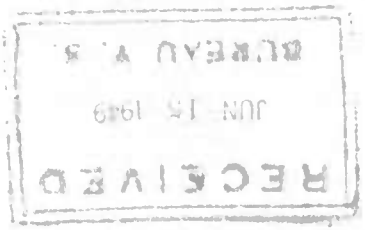
23. BURIAL, CREMATION REMOVAL (Specify) Cremation	DATE 6/13/49	NAME OF CEMETERY OR CREMATORY Wash. Cemetery Hospital	LOCATION (City, town, or county) Takoma Park, Md. (State)
DATE REC'D BY LOCAL REG. June 13 1949	REGISTRAR'S SIGNATURE James Sevey	24. FUNERAL DIRECTOR R. O. HARE	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Re change of county of death and residence see letter from Co. H.O. also birth cert. which is on file in Pr. Geo. Co. (7-20-49 - ams.)



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06003

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH
COUNTY: Prince George 's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (Rural)
LENGTH OF STAY (in this place): 5 mos., 21 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D. C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 921 - 27th St. N. W.

3. NAME OF DECEASED (Type or Print): (First) EVERETT (Middle) (Last) SMITH

4. DATE OF DEATH: (Month) 6 (Day) 11 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Separated

8. DATE OF BIRTH: 3/26/04

9. AGE last birthday: 45 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cafeteria Work

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Charles County, Maryland

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Walter Smith

14. MOTHER'S MAIDEN NAME: Hattie Willis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: 577-12-2147

17. INFORMANT: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of the Lung — 9 mos.

163 Antecedent cause(s)

47d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/20, 1948, to 6/11, 1949, that I last saw the deceased alive on 6/10, 1949, and that death occurred at 6 a. m., from the causes and on the date stated above.

SIGNATURE: Daniel Lee Duncan (Degree or title) M.D.

ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Maryland

DATE SIGNED: June 11, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 6-15-49

NAME OF CEMETERY OR CREMATORY: Lincoln Cemetery

LOCATION (City, town, or county) (State): Lanham, Md.

DATE REC'D BY LOCAL REG.: 6-11-49

REGISTRAR'S SIGNATURE: Rowland S. Phillips

24. FUNERAL DIRECTOR: H. L. Washington & Sons, Co.

ADDRESS: 467 N St. N.W. Washington, D.C.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 20 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

06004

Reg. Dist. No. 242

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Hill — LENGTH OF STAY (In this place): 12 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4124 Branch One

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Hill
STREET ADDRESS (If rural, give location): 4124 Branch One

3. NAME OF DECEASED (Type or Print): (First) Ruth (Middle) Elizabeth (Last) Sonntag
4. DATE OF DEATH: (Month) 6 (Day) 27 (Year) 1949
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct 21, 1900
9. AGE last birthday: 48 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): District of Columbia
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Richard O. Crooke
14. MOTHER'S MAIDEN NAME: Ruth E. Nalley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Bernard D Crooke

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia

974 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hanging

164a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Home
(CITY OR TOWN): Silver Hill (COUNTY): P. G. (STATE): Md
TIME OF INJURY (Month) (Day) (Year) (Hour): 6-27-49 A m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Hanged self

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE: James S. Boyd (Degree or title): M. D. ADDRESS: Forestville Md DATE SIGNED: 6-27-49

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF: June 30, 1949
NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery
LOCATION (City, town, or county) (State): Suitland, Md.
DATE REC'D BY LOCAL REG.: June 29-49
REGISTRAR'S SIGNATURE: Carrie F. Campbell
24. FUNERAL DIRECTOR: W. W. CHAMBERS CO — ADDRESS: 517 11th St., S.E. Wash., D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 5 1949
BUREAU V. S.

Evidence for change of age is on:

06005

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

FILM No. G 121 JUL 25 1949

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place) 5 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mother Jones Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington Ill
STREET ADDRESS (If rural give location) 66 New York Ave N. W.

3. NAME OF DECEASED (Type or Print) (First) MABEL (Middle) E. (Last) STAVEIDES

4. DATE OF DEATH (Month) June (Day) 26 (Year) 1949

5. SEX Female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 7/10/1881
9. AGE last birthday ~~68~~ 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Brooklyn N.Y.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME unknown
14. MOTHER'S MAIDEN NAME Elizabeth Schmidt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT George Staveides

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia (Renal Insufficiency)	6 days
443 Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardiovascular disease	?
93 d	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 20, 1949, to June 26, 1949, that I last saw the deceased alive on June 25, 1949, and that death occurred at 4:00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Bernard A. Fitzgerald, MD
ADDRESS 802 Malcolm Dr. S.S. Md.
DATE SIGNED 26 June '49

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE 6/28/49
NAME OF ~~CEMETERY~~ OR CREMATORY Cedar Hill
LOCATION (City, town, or county) Suitland Md (State)

DATE REC'D BY LOCAL REG. 6/28/49
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR L. Gas Chs sons Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 30 1949
BUREAU V. R.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06006

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH· COUNTY Prince Geo. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE MD. COUNTY Pr. Geo. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale — LENGTH OF STAY (in this place) 2 1/2 Days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenbelt
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Mem. Hosp.	STREET ADDRESS (If rural give location) 30 C Crescent Rd.

3. NAME OF DECEASED (Type or Print) (First) Grace	(Middle) May	(Last) Stepp	4. DATE OF DEATH (Month) June	(Day) 19, (Year) 1949
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Feb. 14, 1888	9. AGE last birthday 61 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) Jersey Shore, Pa.	12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME William Yeager		14. MOTHER'S MAIDEN NAME Harriet Huldah Gaylor		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If year, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Hosp. Records		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) acute · Hepatitis

Antecedent cause(s)

443 (b) Myocarditis Chronic Hypertension

93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

N B [signature]

23. BURIAL, CREMATION REMOVAL (Specify) transportation	DATE 6/21/49	NAME OF CEMETERY OR CREMATORY Allentown Pa	LOCATION (City, town, or county) Allentown, Pa (State)
DATE REC'D BY LOCAL REG. June 20, 1949	REGISTRAR'S SIGNATURE James Severy	24. FUNERAL DIRECTOR F. Gasch's sons	ADDRESS

RECEIVED
JUN 23 1949
BUREAU V. S.

06007

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place) 3 Mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mother Jones Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Leesburg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) H. (Last) Sullivan

4. DATE OF DEATH (Month) June (Day) 1 (Year) 1949

5. SEX Fe

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH 2- -1870

9. AGE last birthday 79 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Michael Honrihane

14. MOTHER'S MAIDEN NAME Johanna Burke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY No. none

17. INFORMANT Mrs. John Mowhinney

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Vascular Hemorrhage	30 min.
Antecedent cause(s)	(b) Generalized Arteriosclerosis	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

331

83a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1949, to June, 1949, that I last saw the deceased alive on May 31, 1949, and that death occurred at 8:30 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Bernard A. Fitzgerald, MD 802 Malcolm Dr Silver Spring Md

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 6/4/49

NAME OF CEMETERY OR CREMATORY Union Cemetery

LOCATION (City, town, or county) (State) Leesburg Va.

DATE REC'D BY LOCAL REG. June 1, 1949

REGISTRAR'S SIGNATURE James Sevy

24. FUNERAL DIRECTOR Francis J Collins ADDRESS 3821-14th St. N.W. Wash. D.C.

RECEIVED
JUN 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

06008

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (In this place) 1 hr-10 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capital View Md
STREET ADDRESS (If rural, give location) Calvert St

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Thomas	Tripline	Tripplett	June	25	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	Colored	Married	June 8, 1901	48 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Saluda S.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jack Tripplett Tripline
14. MOTHER'S MAIDEN NAME: Lula Coleman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mary Tripplett Tripline

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
981 Immediate cause	(a) Hemorrhage & shock	
166 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Gun shot wound of head	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Capitol View	CITY OR TOWN	(COUNTY)	(STATE)
		Bladensburg	Pr. Georges	Md

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐	Not while at work ☒	HOW DID INJURY OCCUR?
June 25, 1949 5:15 p.m.			Shot in head with 30-30 rifle.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
John J. Maloney, M.D. Dep. Med. Exam.	Cheverly-Hyattsville, Md	6-25-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	June 26, 1949	Ryan Funeral Home	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 26, 1949	Amanda Downey	John T. Thurer	Wash. D.C. 901 3rd Street S.W.

RECEIVED
JUN 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06009

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH
COUNTY: Prince George — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Pr. Ge. Gen Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Illinois — COUNTY: Cook Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chicago
STREET ADDRESS (If rural, give location): 1407-E-53 st.

3. NAME OF DECEASED (Type or Print): (First) Benjamin (Middle) (Last) Wallace

4. DATE OF DEATH: (Month) June (Day) 7 (Year) 1949

5. SEX: m

6. COLOR OR RACE: w

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: Jan 30 1886

9. AGE last birthday: 63 yrs. If under 1 year: Months 4 Days 7 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Illinois Railroad

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Claud J. Wallace

14. MOTHER'S MAIDEN NAME: Melissa Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT: Mrs Hilda Wallace

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial Infarction - acute	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive - Arteriosclerotic	
420.0	(c) Heart Disease	1 Year
93d		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 3, 1949, to June 7, 1949, that I last saw the deceased alive on June 7, 1949, and that death occurred at 7:20 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Samuel J. N. Sugar	MD	4300 Kaywood Drive Mt Rainier, Md	June 7, 1949

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Transportation	6/7/49	Chicago Ill	Chicago Illinois

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/7/49	Amanda Downey	F. Gosche & Son	Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 9 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

06010

Reg. Dist. No. 234

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boulevard Heights
LENGTH OF STAY (In this place) 22 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4908 - Byers

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boulevard Heights
STREET ADDRESS (If rural, give location) 4908 Byers

3. NAME OF DECEASED (Type or Print) (First) Elsie (Middle) Gertrude (Last) White
4. DATE OF DEATH (Month) 6 (Day) 10 (Year) 1949
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH March 16, 1889
9. AGE last birthday 60 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Christopher Moore
14. MOTHER'S MAIDEN NAME Elizabeth Windsor
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Frank White

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

442 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

131a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James I. Boyd (Degree or title) M. D. ADDRESS Forestville Md DATE SIGNED 6-10-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 6/13/49 NAME OF CEMETERY OR CREMATORY Christ Episcopal Church LOCATION (City, town, or county) Clinton (State) Md

DATE REC'D BY LOCAL REG. 6/10/49 REGISTRAR'S SIGNATURE Howard I Beall
24. FUNERAL DIRECTOR Simmons Bros. ADDRESS 2007 - Nichols Ave SE Washington DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06011

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lanham — LENGTH OF STAY (in this place) 32 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lanham
HOSPITAL OR INSTITUTION OR STREET ADDRESS Princess Garden Road	STREET ADDRESS (If rural, give location) Princess Garden Road

3. NAME OF DECEASED (Type or Print)	(First) FRANK	(Middle) BECKERT	(Last) WHITE SR.	4. DATE OF DEATH (Month) June (Day) 23, (Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 12, 1881	9. AGE last birthday 68 yrs. If under 1 year Months — Days — If under 24 hrs. Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stage Mechanic	10b. KIND OF BUSINESS OR INDUSTRY Warner Bros. Theatres	11. BIRTHPLACE (State or foreign country) Norfolk, Virginia	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Frank H. White		14. MOTHER'S MAIDEN NAME Nellie C. Beckert		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) None	16. SOCIAL SECURITY No. 577-10-0829	17. INFORMANT Mrs. Ophelia O. White		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral accident

331 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterial hypertension

83a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 3.25 P. m., from the causes and on the date stated above.

SIGNATURE John T. Maloney (Degree or title) M.D. Dep. Medical Examiner — ADDRESS JOHN T. MALONEY, M.D. 2202 Cheverly Md. — DATE SIGNED June 23, 1949.

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE June 27/49	NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery	LOCATION (City, town, or county) (State) Bladensburg, Maryland
DATE REC'D BY LOCAL REG. June 24, 1949	REGISTRAR'S SIGNATURE Amanda Downey Carrie Campbell	24. FUNERAL DIRECTOR W.W.CHAMBERS CO.	ADDRESS Riverdale, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06012

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale; LENGTH OF STAY (in this place) 4 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Eugene Leland Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince George; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville; STREET ADDRESS (If rural, give location) 4202-51st St. Decatur Heights

3. NAME OF DECEASED (Type or Print): (First) Clara (Middle) Lavinia (Last) Whitehill

4. DATE OF DEATH: (Month) June (Day) 27 (Year) 1949

5. SEX: Fe.

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: July 1, 1861

9. AGE last birthday: 87 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Troy New York

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Sanford Henry Hall

14. MOTHER'S MAIDEN NAME: Martha Hollenbeck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: daughter Edith Reedy

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Thrombosis	5 days
332 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) General Arteriosclerosis	over 10 yrs
338	(c) Senile Psychosis	7 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Malopse of Uterus	?

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-23, 1949, to 6-27, 1949, that I last saw the deceased alive on 6-27, 1949 and that death occurred at 945 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
L. W Mahn M D		Riverdale Md	6-27-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	JUNE 30/1949	ARLINGTON NATIONAL	ARLINGTON, VA.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 28 1949	James Berry	W. W. CHAMBERS Co -	RICHMOND MD

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JUN 30 1949
BUREAU V. S.

06013

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place) 19 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE 28 Kay St. N.E. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Margaret (Middle) M. (Last) Williams

4. DATE OF DEATH (Month) June (Day) 28 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH June 21, 1865
9. AGE last birthday 84 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Government Clerk (Retd)
10b. KIND OF BUSINESS OR INDUSTRY U.S. Gov.
11. BIRTHPLACE (State or foreign country) Pittsburgh, Pa.
12. CITIZEN OF WHAT COUNTRY? Yes

13. FATHER'S NAME Harry A. Williams
14. MOTHER'S MAIDEN NAME Mary A. Sullivan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. None
17. INFORMANT Sacred Heart Home Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio Atero Nephro Sclerosis — INTERVAL BETWEEN ONSET AND DEATH 2 months

442 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

131a (c) Oedema of Lung

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1949, to June 28, 1949, that I last saw the deceased alive on June 27, 1949, and that death occurred at 4 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Schuetz Brady M.D. ADDRESS 35 N.Y. Ave N.W. DATE SIGNED June 28/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/30/49
NAME OF CEMETERY OR CREMATORY Mt. Olivet
LOCATION (City, town, or county) Washington, D.C. (State)

DATE REC'D BY LOCAL REG. June 28 1949
REGISTRAR'S SIGNATURE James Severy
24. FUNERAL DIRECTOR Francis J Collins ADDRESS 3821-14 St. N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 29 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06014

CERTIFICATE OF DEATH

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince George's; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural)
LENGTH OF STAY (in this place) 1 mo., 23 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1518 Montello Avenue N. E. ✓

3. NAME OF DECEASED (Type or Print): (First) ALIEN (Middle) (Last) YOUNG

4. DATE OF DEATH: (Month) June (Day) 18 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 17, 1927

9. AGE last birthday: 22 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laundry Work

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles White

14. MOTHER'S MAIDEN NAME: Annie Jordan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Tuberculous meningitis — Interval between onset and death: 8 months

010
14 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-26, 1949, to 6-18, 1949, that I last saw the deceased alive on 6-18, 1949, and that death occurred at 10:20 p. m., from the causes and on the date stated above.

SIGNATURE Daniel Leo Finican (Degree or title) M.D. ADDRESS Glenn Dale Sanatorium, Glenn Dale, Maryland DATE SIGNED June 18, 1949

23. BURIAL, CREMATION, REMOVAL (Specify) DATE June 19-1949 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) to Washington, DC

DATE REC'D BY LOCAL REG. June 19, 1949 REGISTRAR'S SIGNATURE Rowland S. Phillips

24. FUNERAL DIRECTOR Frazier's Funeral Home Inc. ADDRESS 3899 B. D. Ave. N. W.

RECEIVED
JUN 27 1949
BUREAU V. S.